

**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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ARMED SYSTEMS, INC.
INTELLECTUAL PROPERTY
2491 BOATMAN AVENUE
SUITE 500 SACRAMENTO, CA 95831

DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☒ small entity (statement filed) ☐ non-small entity is \$ 10200.

☐ 1. The statutory basic filing fee is:

- ☐ missing.
- ☐ insufficient.

Applicant must submit \$_____ to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☐ 2. The following additional claims fees are due:

\$_____ for _____ total claims over 20.

\$_____ for _____ independent claims over 3.

\$_____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

- ☒ is missing or unsigned.
- ☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER: _____

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

BEST AVAILABLE COPY



Sector #

Please type a plus sign (+) inside this box ---> ☐

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/470,697
	Filing Date	12/23/1999
	First Named Inventor	Walid Najib Aboul-Hosn
	Group Art Unit	3764
	Examiner Name	Not Assigned
Total Number of Pages in This Submission		Attorney Docket Number PA:056

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Self-Addressed Return Post Card
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jonathan D. Spangler, Esq.
Signature	
Date	April 4, 2000

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date April 4, 2000		
Typed or printed name	Jonathan D. Spangler, Esq.	
Signature		Date April 4, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL for FY 1999

Patent fees are *subject* to annual revision.
Small *Entity* payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See *Forms* PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 65

Complete if Known

Application Number	09/470,697
Filing Date	December 23, 1999
First Named Inventor	Walid Aboul-Hosn
Examiner Name	N/A
Group /Art Unit	3764
Attorney Docket No.	PA:056

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 50-1026

Deposit Account Name A-Med Systems, Inc.

☒ Charge Any Additional Fee Required
Under 37CFR§§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760 201 380		Utility filing fee	
106 310 206 155		Design filing fee	
107 480 207 240		Plant filing fee	
108 760 208 380		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	
Independent Claims	- 3** =	X	
Multiple Dependent			

-or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18 203 9		Claims in excess of 20
102 78 202 39		Independent claims in excess of 3
104 260 204 130		Multiple dependent claim, if not paid
109 78 209 39		** Reissue independent claims over original patent
110 18 210 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	\$65
127 50 227 25		Surcharge - late provisional filing fee or cover sheet.	\$0
139 130 139 130		Non-English specification	\$0
147 2,520 147 2,520		For filing a request for reexamination	\$0
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	\$0
11 3 1,840* 11 3 1,840*		Requesting publication of SIR after Examiner action	\$0
115 110 215 55		Extension for reply within first month	\$0
116 380 216 190		Extension for reply within second month	\$0
117 870 217 435		Extension for reply within third month	\$0
118 1,360 218 680		Extension for reply within fourth month	\$0
128 1,850 228 925		Extension for reply within fifth month	\$0
119 300 219 150		Notice of Appeal	\$0
120 300220 150		Filing a brief in support of an appeal	\$0
121 260 221 130		Request for oral hearing	\$0
138 1,510 1381,510		Petition to institute a public use proceeding	\$0
140 110 240 55		Petition to revive - unavoidable .	\$0
141 1,210 241 605		Petition to revive - unintentional	\$0
142 1,210 242 605		Utility issue fee (or reissue)	\$0
143 430 243 215		Design issue fee	\$0
144 580 244 290		Plant issue fee	\$0
122 130 122 130		Petitions to the Commissioner	\$0
123 50 123 50		Petitions related to provisional applications	\$0
126 240 126 240		Submission of Information Disclosure Stmt	\$0
581 40 581 40		Recording each patent assignment per property (times number of properties)	\$0
146 760 246 380		Filing a submission after final rejection (37 C.F.R § 1.129(a))	\$0
149 760 249 380		For each additional invention to be examined (37 C.F.R § 1.129(b))	\$0
Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 65

SUBMITTED BY

Name (Print/Type) Jonathan D. Spangler

Signature

Registration No. (Attorney/Agent) 40,182

Complete (if applicable)

Telephone (916) 375-7400, Ext. 301

Date April 4, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Application Serial No. 09/470,697
Attorney's Docket No. PA056

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Patent Application of)	Box Missing Parts
)	
Walid N. Aboul-Hosn et al.)	Group Art Unit: 3764
)	
Application No.: 09/470,697)	
)	Not Assigned
Filed: December 23, 1999)	
)	
For: APPARATUS AND METHODS)	
FOR ENTERING CAVITIES)	
OF THE BODY)	

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Hon. Commissioner of Patents and Trademarks, Washington, D.C. 20231 on:

Date: April 4, 2000
By: Jonathan Spangler
Signed: 

RESPONSE TO NOTICE OF MISSING PARTS

BOX Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

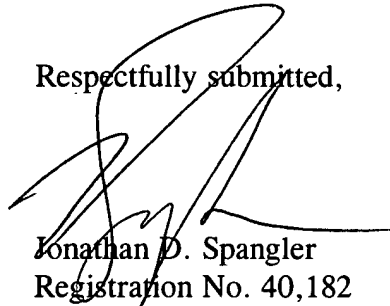
In response to the Notice to File Missing Parts mailed February 4, 2000, having a shortened statutory period for response which expires April 4, 2000, please find the following documents:

1. Return Copy of Notice to File Missing Parts mailed February 4, 2000;

2. Executed Declaration for Utility Patent Application for U.S. Pat. App. Ser. No. 09/470,69730, filed December 23, 1999;
3. Fee Transmittal, authorizing payment of \$65 for the late filing of the Declaration from Deposit Account 50-1026 established to A-Med Systems, Inc.;
4. Transmittal Form enclosing the foregoing materials; and
5. Self-Addressed Return Receipt Postcard.

In the event that there are any questions concerning this submission or the application in general, the Examiner is invited to telephone the undersigned attorney so that prosecution may be expedited.

Respectfully submitted,



Jonathan D. Spangler
Registration No. 40,182

A-Med Systems, Inc.
2491 Boatman Avenue
West Sacramento, CA 95691
Tel: (916) 375-7400, Ext. 301
Cell: (916) 284-9078

April 4, 2000